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	Facility Identification			Owner/Operator Name Name	Phone ()	
Tier Two	Street		State 7in	Mail Address		
AND	Cly	County		Emergency Contact		
HAZARDOUS	NAICS	Dun & Brad Number	Number			
CHEMICAL				Name	Title ()	•
INVENTORY	FOR	iD#		Phone ()	24 FT. Photo ()	,
	OFFICA			Name	Title	•
Specific Information by Chemical	USE	Date Received		Phone ()	24 Hr. Phone ()	
	Read all instructions before completing form	Grm Reporting Period	From January 1 to December 31, 20	[] Check if information be	[] Check if information below is identical to the information submitted last year.	
Chemical	Chemical Description	Physical and Health	Inventory	ntainer >e essure mperature	Storage Codes and Locations (Non-Confidential)	ptional
	Tondo	(check all that apply)		1	Storage Locations	1
CAS Chem. Name	Secret	[] Fire [] Sudden Release of Pressure	Max. Daily Amount (code)			
Check all [] [] that apply Pure Mix EHS Name	[] [] [] [] Solid Uquid Gas EHS	[] Reactivity [] Immediate (acute) [] Delayed (chronic)	Avg. Daily Amount (code) No. of Days On-site (days)			=
CAS Chem. Name	Trade Secret	[] Fire [] Sudden Release	Max. Daily Amount (code)			
Check all [] [] that apply Pure Mix EHS Name	[] [] [] Solid Liquid Gas EHS	[] Reactivity [] Immediate (acute) [] Delayed (chronic)	Avg. Daily Amount (code)			
CAS Chem. Name	Trade Secret	[] Fire [] Sudden Release	Max. Daily Amount (code)			
Check all [] [] that apply Pure Mix	Solid Liquid Gas EHS	or Pressure [] Reactivity [] Immediate (acute) [] Delayed (chronic)	Avg. Daily Amount (code)			
			On-site (days)			
Certification (Read and I certify under penalty of law on my inquiry of those indiv	Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined an on my inquiry of those individuals responsible for obtaining the in	y) ind am familiar with the informat information, I believe that the s	Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through and no my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	that based []	Optional Attachments [] I have attached a site plan [] I have attached a list of site coordinate abbreviations [] I have attached a description of dikes and other	47
Name and official title o	Name and official title of owner/operator OR owner/operator's authorized representative	or's Signature	Date signed	safe	safeguards measures	•
OCCIONAL CONTRACTOR	i					